

Tariff No. _____

_____ Revised Page No. _____

Company Name/Permit Number:

Registered Trade Name:

Item 105 – Multi-family Service – Monthly RatesService Area:

	gallons	gallons	gallons	yards	yards	yards	yards
Number of Receptacles							
Frequency of Service							
Initial Delivery Charge							
Rent Per Day							
Rent Per Month							
Pickup Charge (See Notes 1,2 & 3)							
Special Pickup Charge							

Frequency of Service Codes: W=weekly; EOW – Every other went; M = Monthly; Other _____

Note 1: The charge included in this rate for recycling is: \$ _____. Description/rules related to recycling program are shown on page _____.

Note 2: The charge included in this rate for yardwaste is: \$ _____. Description/rules related to yardwaste program are shown on page _____.

Note 3: Recycling credit/debit (if applicable) included in this rate is: \$ _____.

Note 4: Customers will be charged for service requested even if fewer units are picked up on a particular trip. No credit will be given for partially filled cans. No credit will be given if customer fails to set receptacles out for collection.

Note 5: The charge for an occasional extra residential can, unit, toter, mini-can, or micro-mini can on a regular pickup is:

Type of receptacle	Rate per receptacle, per pickup
32-gallon can or unit	\$
Mini-can	\$
Micro-mini can	\$
60-gallon toter	\$

Type of receptacle	Rate per receptacle, per pickup
90-gallon toter	\$
Other:	\$
Other:	\$
Other:	\$

Note 6: Customers may request no more one pickup per month, on an "on call" basis, at \$ _____ per can/unit. Service will be rendered on the normal scheduled pickup day for the area in which the customer resides. Note: If customer requires service be provided on other than normal scheduled pickup day, rates for special pickups will apply.

Recycling service rates on this page expire: _____

Issued by: _____

Issue date: _____

Effective date: _____

(For Official Use Only)

Docket No. TG- _____ Date: _____ By: _____

Tariff No. _____

_____ Revised Page No. _____

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Item 105 – Multi-family service (continued)

Curbside recycling provisions apply only in the following service area:

Following is a description of recycling program (type of containers, frequency, etc.). Program provided in accordance with Ordinance No. _____ of _____ (name of county or city).

Special rules related to recycling program:

Issued by:

Issue date:

Effective date:

(For Official Use Only)

Docket No. TG- _____ Date: _____ By: _____

Tariff No. _____

_____ Revised Page No. _____

Company Name/Permit Number:

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Item 105 – Multi-family service (continued)

Yardwaste program provisions shown on this page apply only in the following service area:

Following is a description of the yardwaste program (type of containers, frequency, etc.). Program provided in accordance with Ordinance No. _____ of _____ (name of county or city).

Special rules relating to yardwaste program:

Issued by:

Issue date:

Effective date:

(For Official Use Only)

Docket No. TG- _____ Date: _____ By: _____